

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031970

Entity Name: SOUTH LAKE MEDICAL CENTER, INC.

Current Principal Place of Business:

SOUTH LAKE MEDICAL CENTER
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711

Current Mailing Address:

SOUTH LAKE MEDICAL CENTER
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711 US

FEI Number: 20-8666890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARIF, NASIR
SOUTH LAKE MEDICAL CENTER
1950 HOSPITAL VIEW WAY
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NASIR SHARIF

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name NASIR, SHAZIA
Address SOUTH LAKE MEDICAL CENTER
 1950 HOSPITAL VIEW WAY
City-State-Zip: CLERMONT FL 34711

Title CEO
Name SHARIF, NASIR
Address SOUTH LAKE MEDICAL CENTER
 1950 HOSPITAL VIEW WAY
City-State-Zip: CLERMONT FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NASIR SHARIF

MANAGER

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date